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CONFIRMATION NO. 8311

SERIAL NUMBER 10/733,000	FILING OR 371(c) DATE 12/11/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. P-10062.02
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/254,236 09/25/2002 PAT 7,013,178

**** FOREIGN APPLICATIONS *******

NOTE CTR 8/5/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/17/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	30	32	3
Verified and Acknowledged	<u>Carl H. Gaynor</u> <u>Ctz</u>	Examiner's Signature Initials			

ADDRESS

|27581

TITLE

Implantable medical device communication system with pulsed power biasing

FILING FEE RECEIVED 986	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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